

Document 4a

BP-A659.060

FEB 05

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

MEDICAL SUMMARY OF FEDERAL PRISONER/ALIEN IN TRANSIT

TB Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1. PPD Completed: <u>10-18-7</u> Date Results: <u>OXO</u> mm 2. CXR Completed: _____ Date Results: _____ 3. Symptom free per SF-600 x 30 days. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Name <u>Baker, Darryl</u> Prisoner/Alien Reg. # <u>19613-039</u> Departed from <u>ELK</u> Destination <u>LEW-SCP</u> Date <u>8-26-5</u> Current 1. <u>Hx Chest FX</u> 4. _____ Medical 2. _____ 5. _____ Problems 3. _____ 6. _____
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Date of Birth: _____		Drug Allergies: _____							
Medication	Dose	Route	Other instructions	AM	Noon	PM	Bedtime	Stop Date	
<u>None</u>									

ALL MEDICATION TO BE CONTINUED UNTIL EVALUATED BY PHYSICIAN UNLESS OTHERWISE INDICATED

Special medical equipment required? ☐ NO ☐ YES (Specify): _____

Additional Comments: UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE

Sign and Print Name - Certifying Health Care Provider

Phone: _____

Date: 8-25-5J. Bullock PA**Gary Bullock**
Physician AssistantTO BE COMPLETED
AT FINAL DESTINATION

Institution: _____

Date Received: _____

General Population Housing Approved? ☐ yes; ☐ no (Specify limitation or need)Approved for Temporary Work Assignment? ☐ yes; ☐ no (Specify limitations or exclusions)

Sign and Print Name - Reviewing Health Care Provider: _____

Distribution: Transporting Officer, Health Record, Transferring Institution. Copy to unit at receiving institution.

(This form may be replicated via WP)

Replace BP-S659.060 000001 999

NSN 7540-00-634-4175

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8-11-05	<p>(G) seen because pt won't let cuff up for custody to take him eye doctor for exam & evaluation for previous eye probs. He continues to have a decrease in vision. Continued pain @ eye. Complain diplopia</p> <p>(C) VS → 124/80 BP - P80 when resting</p> <p>(C) 20/25 20/20 (R) vision acuity</p> <p>Eye fundoscopic exam negative. Lungs CTAB heart RRRS slight J lateral (Ct scan orbit @ prev. Rx) Lateral eye exam</p> <p>(A) - Hx @ orbit fracture; orbited muscle entrapment; @ eye pain</p> <p>(P) Pt refused to sign medical treatment refusal sheet.</p> <p>Offered pain meds. to prescribe - he refused any; Said Motrin Naprosyn no help</p> <p>Vision acuity good -</p> <p>Pt refused to cuffing procedures - ophthalmology exam cancelled.</p> <p>If any pain med - or probs (let nurse know sick call).</p> <p>Refused to go to ophthalmology</p>		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Baker Danny
19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000002

[illegible]

NSN 7540-00-534-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5.6.05	S/c
7.13.05	5-yr. C/O of having bumps in the scalp for years & is asking for permanent treatment to get rid of these bumps because they bother him & they are painful, also needs to know what the plan of action is regarding his Orbit fracture, pain in the Orbit still the same? he had CT done last month & no action taken.
	O. Temp: 97.6 A&O x 3
	Scalp: Scattered papules covered with scales on the posterior area of the scalp, no pustules; the area is about 6 inch long ^{top of} side of the scalp; no bleeding, dries usually well; supple, no anterior or posterior adenopathy. differs to eye exam 4/6/05 & CT of the orbits & brain w/o contrast done on 3/28/05.
	A. Hx of Orbit Fr., folliculitis.
	① schedule the pt. to be seen by the C.D. on 5/18/05 at 10:00 A.M.
	② explain to the pt. to keep his hands off the scalp lesions & wash his head & scalp & hygiene, no antibiotics is indicated

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	ASSESSMENTS MAINTAINED AT HEALTH SERVICES FSL, Elkton, OH
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. WARD NO.

BAKER, Darryl

19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000004

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5-18-05 1040	<p>(S) seen on follow-up. @T scan @ eye still having gaze probs + pain @ vs. - stable.</p> <p>(A) @ orbital fracture mild entrapment @ inf. rectus muscle.</p> <p>(P) Back to UK - CT scan done needs to see ophthalmology for surgical consult @ CT scan</p>
7/6/05 9:00	<p>ccc General MICHELE J. KELLER, D.O. <i>W. Keller</i> CLINICAL DIRECTOR</p> <p>S - pt still c/o of @ eye hurting by looking up, also some swelling of the upper lid of @ eye; pt c/o of allergy since 2 weeks.</p> <p>D - BP: $\frac{102}{68}$ Temp: 97.3 O_2: 98% pulse: 63 Resp: 14</p> <p>Ax 0 x 3 @ eye: no redness, pupil in mid + reactive mild swelling of the upper lid @ eye: swelling, redness of the conjunctiva, + tenderness on the medial side of the upper side of the orbit. throat: mild pharyngeal pain.</p> <p>Lg: clear heart: RBR & -</p> <p>abd: benign</p> <p>A - Hx. of orbit fx. @ diplopia & allergy</p> <p>P - @ pt. rd. about U.R. Center decision to send him to the ophthalmologist for surgical consult, also to buy allergy pills for covering. order labs - U.A. to @ proteinuria - f/u - ccc @ 6 weeks.</p> <p><i>[Signature]</i> JAMES SIDHOM, PA</p>

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)							
4/6/05	CHRONIC CARE CLINIC <input type="checkbox"/> Cardiac <input type="checkbox"/> Diabetic <input type="checkbox"/> Endo/Lipid <input type="checkbox"/> Gastro <input checked="" type="checkbox"/> General <input type="checkbox"/> Hypertensn <input type="checkbox"/> Infect Dis <input type="checkbox"/> Mntl Hlth <input type="checkbox"/> Neurology <input type="checkbox"/> OB Gyn <input type="checkbox"/> Orth/Rheum <input type="checkbox"/> Pulmonary							
12:00	S: SMOKER: <u>N</u> Y <u>30 mts</u> /Day EXERCISE: <u>N</u> Y <u>2</u> Days/Week <u>walking</u> PAIN (0-10; 0=none, 10=most severe): 0 1 2 3 4 5 6 7 8 9 10 Pain in the left <u>precisely by looking up or to the side, also some numbness to</u> <u>the left side of the face, no dragging or drooping, c/o of folliculitis that</u> <u>responded previously to penicillin 100 of V.K., didn't respond to other antibiotics.</u> O: WT <u>220 lbs</u> BP <u>106/74</u> P <u>60</u> R <u>16</u> T <u>97.2</u> Glucose PEF EYES <u>pupils equal, reaction to light</u> Fundus: <u>—</u> <u>diplopia with looking up, medial & lateral, +ve tenderness in the upper medial area of @ orbit.</u> ENT <u>WNL</u> NECK <u>WNL, skin of scalp & neck: no lymph, scattered pustules & papules</u> CHEST: Heart: <u>RRR</u> Lungs <u>clear</u> ABDOMEN <u>WNL</u> EXTREMITIES <u>WNL</u> NEUROLOGIC/MENTAL HEALTH <u>intact</u> RECENT STUDIES <u>CT scan of skull & orbit was done last week</u> ASSESSMENT: <u>Diplopia, Hx of orbit Ex., folliculitis.</u>							

(OVER)

HOSPITAL OR MEDICAL FACILITY HEALTH SERVICES UNIT, <u>FSL-ELK</u>	STATUS	DEPART/SERVICE	RECORDS MAINTAINED AT FCI ELKTON
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (for typed or written entries, give: Name-last, first, middle: ID No or SSN; Sex; Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.

BAKER, Darryl
19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 20-9.202-1

000006

4.6.05

P: ☐ PATIENT EDUCATION (prevention, prognosis complications of medical illness):

1200

pt ed. about the care of his skin, keep his fingers off his scalp & be careful.
also pending on CT scan & review of U.I. from the oncologist referral.

TESTS: ☐ Urinalysis ☐ ECG ☐ CBC ☐ Basic Metabolic ☐ Comprehensive Metabolic ☐ Liver ☐ Hgb A1C ☐ Glucose ☐ Lipid
☐ TSH ☐ Phenobarbital ☐ Phenytoin ☐ Valproic Acid ☐ Carbamazepine ☐ Lithium ☐ Viral Hepatitis ☐ HCV RNA
☐ HBV DNA ☐ HIV Ab ☐ CD4/CD8/viral load ☐ PSA ☐ CXR ☐ MMR ☐ Microalbumin ☐ RPR ☐ H. pylori ☐ FSH ☐ LH
☐ Prolactin ☐ Testosterone ☐ Theophylline ☐ 24 hour urine with creatinine clearance/albumin ☐ Culture/sensitivity

OTHER TESTS:

ROUTINE INSTRUCTIONS: ☐ Stop smoking ☐ Sick call for med refills ☐ Adhere to prescribed diet ☐ Avoid added dietary salt
☐ Drink water to maintain CLEAR random urine ☐ Aerobic exercise (walk, bike, etc.) 30 minutes/day for at least 5 days/week
☐ Special exercise instructions:

☐ Additional education (see attached instructions or below) ☐ Referral to Health Promotions/Disease Program
☐ Psychotropic consent Patient understands (initials/date):

CONSULTATIONS/REFERRALS:

FOLLOW-UP APPOINTMENTS: 70 days.

TREATMENT/MEDICATIONS: DRUG ALLERGIES: ☐ yes ☒ no Other:

Opinelli UK 200 J to Q10 X 7 days

M. Sidhom

Moheb Sidhom
Assistant HSA

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/16/04	<p>cont'd 3. Was on Sched for CT scan cx that day & fog/ weather → is re-scheduled this morn 4. Ed-eye has become chronic situation → is NOT urgent has been eval & opt flutins - Rx use 1515 Jim paw or CCC whenever</p> <p>JANET P. KELLY PERSONAL SECRETARY</p>
1-19-05	Gen CCC
1050	<p>(5) Hx of diplopia, dizziness headache, & (4) eye muscle entrapment 2° to carotid an 70 to assault + at 14° knee last year in 2002 transferred here before could get the surgery on his orbit. Release in many years. No urgent case. Was supposed to get the CT scan of orbit x 2 - Still security reason (stuck)</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT. / NAME MICHELE J. KELLER, D.O. CLINICAL DIRECTOR	RECORDS MAINTAINED AT 131 ELKTON
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Baker Daryl
19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

000008

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1-19-05	(Cont'd)
1050	(P) RSS Stable 100/70 HEENT. eye exam - neg - CN's - intact grossly needs ophth. exam (A) diplopia dizziness (P) headaches (P) optometry - 20/20 vision wears glasses has consults from orbital specialists saying he needs surgery will consult. After CT scan - to UR for consult. Need previous CT scan report
	MICHELE J. KELLEY CLINICAL DIRECTOR
	(Signature)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/28/04	SLC
6800	<p>(5) Issues bothering me - O/Rx - O from commissary - saw doc in June/July - want to know what he recommended & he buys anything -</p> <p>(6) WDWNT - opelute 878</p> <p>HEENT - Ears - clear</p> <p>Nose - mild scant rhinorrhea / + edema</p> <p>OP - moist, clear/pink clear RVD</p> <p>Neck - Supple O/L</p> <p>Resp ext Bilat chest auscult -</p> <p>Cardio - RHR 50</p> <p>see 6/24/04</p> <p>(7) Nasal Rhinitis</p> <p>(8) Rx Nasal Steroid 2x qd until bid 11/1/04</p> <p>Ed - Rx use 1/5/E</p> <p>- allergy - commissary! as directed 6/24 and today!</p> <p>- Rx use Measurane</p> <p>you SLC per</p> <p><i>[Signature]</i></p>

JANET M. BARNES
Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FSL ELKTON
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Baker Daryl
19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000010

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/17/2004 11:45	Admin Note: On 17 November 2004 Inmate Baker 19613-039 was pre-screened and educated for his scheduled Cat Scan. YCSimpson RTR YELANDESIMPSON, RTR F.C.I. - ELKTON

12/16/04 SLC
0800

Old cont pain @ eye ? when CT Scan
when outside specialist? ? @ sinus
- & Att "No one told me what to buy?"
Bump on head getting worse again -
"never had on the street" Really bothering
me - got nose bleed & tx spray
@ wound in head
Scalp - P papules/pustules @
posterior superior scalp
HEENT - Ears - sl yellow
Nose - P mild front rhinorrhea
O/P - moist clear
Resp. clear Bilat
Cardio - RRR 5m
✓ Sched @ CT truck
① chronic allergic rhinitis
Folliculitis - chronic
H/O @ orbital tx 2/04
② 1. Rx Doxy 100mg 5 pr bid x 21 d
2. Pt Ed - only Att avail = commuway!
feed - NO S/E of nasal steroid - & use for nose

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/13/04	51
0745	<p>③ new to FSL just in - Has had fever 5/7 x 30 - @ FSL - code @ FSL lachry lost couple days - Fever today @ wound 0 in NAD aphid 974 HEENT - Ears - clear Nose @ congest O/P - (P) beefy red / exudative tonsils Muc - PP large TTP LAP - cervical anterior Resp - CXR flat Cardio - RHR 5 @ ② Tonsillitis ① 1. TC done 2. Rx Amox 500mg po tid x 10 d (# 25mg 3. Rx Motrin 800mg po tid x 10 d 4. PT Ed - Rx use 1 SE 1/4 until completion - 1.5 gangles / Rest - glw 5/c p/w breathing underlying JME MC</p>

JANE M. BARNES
Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FSL ELKTON
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
Baker Daryl			WARD NO.
19613-039			

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000012

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
09/22/04 0925	<p>✓/1 100/60 - 52 - 234 - Able to</p> <p>5 - 40 cont pain / diplopia - ↑ A / L vision</p> <p>- 90 cont pain / scalp lesion</p> <p>2 - A to WAA - other exercises / 300 push-ups per</p> <p>limited exam</p> <p>1) Eyes: pain / mild to superior movement (C) eye</p> <p>no upstrokes, also pain in lateral movement</p> <p>slow / conjugative normal</p> <p>Reviewed June 16 ophthalmology letter rec^{signed} release of</p> <p>entrapment - but can't guarantee would not</p> <p>get ↓ vision if fixed</p> <p>2) S/L - occipital area of folliculitis / boggy area</p> <p>which is mildly tender - skin colored round (R),</p> <p>firmly only on (L).</p> <p>Reviewed CAT scan orbit 04/04 - consistent</p> <p>old orbit fx - no other abnormality</p> <p>A - 1) S/L (C) orbital fx is impingement / entrapment</p> <p>2) Kerion mild occipital scalp</p> <p>P 1) CAT scan orbit - Flu (C) orbital fx / entrapment</p> <p>2) Re consult - Ophthalmology F/U - ? need for surgery</p> <p>3) optometrist to see - refraction / 20/20</p> <p>Rx: X Diflucan 100mg #10 TID daily No Refill</p> <p>X Cephalixin 500mg #40 TID 4 times daily No Refill</p> <p>Flu in PA Barnes 1-2 weeks re scalp, kerion 3w,</p> <p>sooner for prob.</p> <p>Ed - extensive re lack of guarantee that surgery will help - may</p> <p>end up in ↓ diplopia if ↑ diplopia was fixed! Understood I think</p> <p>that full surg risky! <i>Revised</i></p>

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

8-12-4

RECEIVED AT TELETYPE

ON

8-12-4

1200

Med
P. H. H. H.

28 Bullock Pt.

Gary Bullock
Physician Assistant

HOSPITAL OR MEDICAL FACILITY

[illegible]

DEPART./SERVICE

RECORDS MAIN FILE
FBI ELKTON

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR	
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Baker, Darrol

19613-039

1-3062

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

00014

DATE _____[illegible]

000015


FEDERAL BUREAU OF PRISONS

Name Baker, Darryl	Prisoner/Alien Reg.# 19613-039	D.O.B. 06/30/62
Departed From MDC Brooklyn	Date Departed 8/12/04	
Destination ELK FSL	Reason for Transfer Non-Medical	
Dist. Name	Dist.#	Date in Custody _ / _ / _

Current	1.	Care Level 1	4.	
Medical	2.	Hx Substance Abuse	5.	
Problems	3.	H/O L orbital Fx	6.	

Additional Comments: NO KNOWN DRUG ALLERGIES

Is prisoner medically able to travel by BUS, VAN or CAR?	<u>X</u> Yes ___ No	If no, why not?
Is prisoner medically able to travel by airplane?	<u>X</u> Yes ___ No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<u>X</u> Yes ___ No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	___ Yes <u>X</u> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	___ Yes <u>X</u> No	If yes, what equipment?

Sign and Print Name - Certifying Health Authority  Troy A. Bradwisch LT, USPHS MDC BRO, RN	Phone Number 718-840-4200	Date Signed 8/11/04
--	------------------------------	------------------------

SIMILAR TO (USM 553)

000016

RECEIVED AT FCI ELKTON
ON 8-12-4

G. Bullock PA
Gary Bullock
Physician Assistant

000017²

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CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

QA - note

2040

6. At 5 complaints

DA: Taka screening complete. R has b10 orbital for
to needs and again flu

0. Due to etc for further eval

MOOREHEAD

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR	
-------------------------	--

For each of the following ten entries, give: Name - last, first, middle; ID No or SSN; Sex; (Grade.)

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

Ht. 6' 02" Wt. 230

Mr. BK By. BN

REG# 19613-039 BRO

000018

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

'B Clearance Yes ☒ No ☐
 PPD Comp Letted: 9-11-03
 Date _____
 Results: OK mm
 CXR Comp Letted: _____
 Date _____
 Results: _____
 3. Health Authority
 Clearance: OK
_____ OK 6/29/04
 Date _____
 Sign _____
 Note:
 Dates listed above must be within
 one year of this transfer.

Name <i>Baker Daryl</i>	Prisoner/Alien Reg.# <i>19613-039</i>	D.O.B. <i>6/30/62</i>
Departed From <i>McKean</i>	Date Departed <i>7-1-04</i>	
Destination <i>EIK FSL</i>	Reason for Transfer <i>Non Medical</i>	
Dist. Name	Dist. #	Date in Custody _/_/_/

Current 1. Post @ orbital Fx 4. _____
 Medical 2. to mass intracranial 5. _____
 Problems 3. _____ 6. _____

[illegible]

Additional Comments - Blood and Body Fluid Precautions

Needs F/u c ophthalmologist

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name of Certifying Health Authority D. Olson, MD Medical Director		Phone Number Date Signed 6/29/04

record copy - Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Institution

USP Lewisburg

Inmate Received, this date 7-1-04

Medical History Reviewed

Yes ☒ No

Evidence of lice

Yes ☒ No

Suicidal Thoughts

Yes ☒ No

Recent Assault, Trauma or Abuse

Yes ☒ No

Signs and Symptoms of Infect Dse

Yes ☒ No

Allergies to Medications

Yes ☒ No

Medications

Yes ☒ No

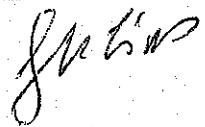
 Leonard Potter, EMT-P

7-7-04

O.K. For Transfer

USP Lewisburg

Medications Yes ☐ No ☒


Cynthia R. Lewis, NP

000021

o

000023

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
6/24/04 08/15/04	<p>(5) 41x10 AA or C/O Chronic Rhinitis & Persistent Cough Onset ~ 6 mos. ?? Allergies - & Prior Hx Aggravated/Exacerbated by Tobacco Smoke (+) Ventilator Ducts exp. 20 deep Top Bunk. Reports - Facial & Frontal H/A's</p> <p>(2) 1/0 return of scalp bumps - Red/Tender 12/10 & itchy & discharge current - feels like early onset stage Hx same - Chronic & last ABX - PCW Partial/Incomplete relief Reports - Long Hx variety ABX & Temp. Prod. Febrile (1) C/O B, R/O: distress, ambulatory, (A)ffix. • Ear → TM's Intact, Mdd Retracted, & Fluid • Noe → Unilateral Edema & Turb, (A)ffix. Secs. • Face → (+) Tender Pk's & Palpate/Percuss • Oral → Intact, & Loner, (+) W & Mild Erythema • Throat 1st Smooth & Exudate/Red. • Neck → FIRM, SNT, & L/A, & Mass • Chest → C/O A/D & wheeze • V's Temp 98.2 R/R 12 1/12 • Head-Scalp → Occipital & LT. Parietal → Mdd Tender & Erythema papules & Disch (+) Crusting • Body Survey → & Lesion Except Scalp</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Baker, Darryl

19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIMR (41 CFR) 201-9.202-1

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